

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KTH	70391	3/27
O.I.P.E. CLASSIFIER	"H"		
FORMALITY REVIEW		10000	3/27
RESPONSE FORMALITY REVIEW			3/27

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	01/04
2	10/28
3	03/23
4	
5	
6	
7	
8	✓
9	N
10	N
11	✓
12	✓
13	N
14	N
15	✓
16	N
17	✓
18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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